

DEPARTMENT OF DEFENSE CONTRACT SECURITY CLASSIFICATION SPECIFICATION <i>(The requirements of the DoD Industrial Security Manual apply to all security aspects of this effort)</i>				1. CLEARANCE AND SAFEGUARDING a. FACILITY CLEARANCE REQUIRED None b. LEVEL OF SAFEGUARDING REQUIRED None			
2. THIS SPECIFICATION IS FOR: <i>(X and complete as applicable)</i>				3. THIS SPECIFICATION IS: <i>(X and complete as applicable)</i>			
a. PRIME CONTRACT NUMBER			X		a. ORIGINAL <i>(Complete date in all cases)</i>		Date (YYMMDD) 1 07 13
b. SUBCONTRACT NUMBER					b. REVISED <i>(Supersedes all previous specs)</i>		Revision No. Date (YYMMDD)
X		c. SOLICITATION OR OTHER NUMBER F19628-01-Q-0001		DUE Date (YYMMDD)		c. FINAL <i>(Complete Item 5 in all cases)</i> Date (YYMMDD)	
4. IS THIS A FOLLOW-ON CONTRACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If Yes, complete the following: Classified material received or generated under _____ <i>(Preceding Contract Number)</i> is transferred to this follow-on contract							
5. IS THIS A FINAL DD FORM 254? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If Yes, complete the following: In response to the contractor's requested dated _____, retention of the identified classified material is authorized for the period of _____							
6. CONTRACTOR <i>(Include Commercial and Government Entity (CAGE) Code)</i>							
a. NAME, ADDRESS, AND ZIP CODE TBD			b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>		
7. SUBCONTRACTOR							
a. NAME, ADDRESS, AND ZIP CODE TBD			b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>		
8. ACTUAL PERFORMANCE							
a. LOCATION TBD			b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>		
9. GENERAL IDENTIFICATION OF THIS PROCUREMENT Theater Deployable Communications Systems Integration Support							
10. THIS CONTRACT WILL REQUIRE ACCESS TO:				11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:			
YES NO				YES NO			
a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION <input checked="" type="checkbox"/>				a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY <input checked="" type="checkbox"/>			
b. RESTRICTED DATA <input type="checkbox"/>				b. RECEIVE CLASSIFIED DOCUMENTS ONLY <input checked="" type="checkbox"/>			
c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION <input type="checkbox"/>				c. RECEIVE AND GENERATE CLASSIFIED MATERIAL <input checked="" type="checkbox"/>			
d. FORMERLY RESTRICTED DATA <input type="checkbox"/>				d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE <input checked="" type="checkbox"/>			
e. INTELLIGENCE INFORMATION <input type="checkbox"/>				e. PERFORM SERVICES ONLY <input checked="" type="checkbox"/>			
(1) Sensitive Compartmented Information (SCI) <input type="checkbox"/>				f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S. PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES <input checked="" type="checkbox"/>			
(2) Non-SCI <input type="checkbox"/>				g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER <input checked="" type="checkbox"/>			
f. SPECIAL ACCESS INFORMATION <input type="checkbox"/>				h. REQUIRE A COMSEC ACCOUNT <input checked="" type="checkbox"/>			
g. NATO INFORMATION <input type="checkbox"/>				i. HAVE TEMPEST REQUIREMENTS <input checked="" type="checkbox"/>			
h. FOREIGN GOVERNMENT INFORMATION <input type="checkbox"/>				j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS <input checked="" type="checkbox"/>			
i. LIMITED DISSEMINATION INFORMATION <input type="checkbox"/>				k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE <input checked="" type="checkbox"/>			
j. FOR OFFICIAL USE ONLY INFORMATION <input checked="" type="checkbox"/>				l. OTHER <i>(Specify)</i>			
k. OTHER <i>(Specify)</i>							

12. PUBLIC RELEASE. Any information (classified or unclassified) pertaining to this contract shall not be released for public dissemination except as provided by the Industrial Security Manual or unless it has been approved for public release by appropriate Government authority. Proposed public releases shall be submitted for approval prior to release

☐ Direct ☒ Through (Specify):

HQ ESC/PA
9 Eglin Street
Hanscom AFB, MA 01731-2118

to the Directorate for Freedom of Information and Security Review, Office of the Assistant Secretary of Defense (Public Affairs) for review.
In the case of non-DoD User Agencies, requests for disclosure shall be submitted to that agency.

13. SECURITY GUIDANCE. The security classification guidance need for this classified effort is identified below. If any difficulty is encountered in applying this guidance or if any other contributing factor indicates a need for changes in this guidance, the contractor is authorized and encouraged to provide recommended changes; to challenge the guidance or the classification assigned to any information or material furnished or generated under this contract; and to submit any questions for interpretation of this guidance to the official identified below. Pending final decision, the information involved shall be handled and protected at the highest level of classification assigned or recommended. (Fill in as appropriate for the classified effort. Attach, or forward under separate correspondence, any documents/guidelines/extracts reference herein. Add additional pages as needed to provide complete

Reference Block 10J. For Official Use Only information provided under this contract shall be safeguarded as specified in the attachment to this form.

14. ADDITIONAL SECURITY REQUIREMENTS. Requirements, in addition to ISM requirements, are established for this contract. (If Yes, identify the pertinent contractual clauses in the contract document itself, or provide an appropriate statement which identifies the additional requirements. Provide a copy of the requirements to the cognizant security office. Use Item 13 if additional space is needed) ☐ Yes ☒ No

15. INSPECTIONS. Elements of this contract are outside the inspection responsibility of the cognizant security office. (If Yes, identify specific areas or elements carved out and the activity responsible for inspections. Use Item 13 if additional space is needed.) ☐ Yes ☒ No

16. CERTIFICATION AND SIGNATURE. Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified effort. All questions shall be referred to the official named below.

a. TYPED NAME OF CERTIFYING OFFICIAL
JOAN WANDREI

b. TITLE
THEATER DEPLOYABLE
COMMUNICATIONS PROGRAM MGR

c. TELEPHONE (Include Area Code)
781-377-7965

d. ADDRESS (Include Zip Code)
ESC/DIGD
5 Eglin Street
Hanscom AFB, MA 01731-2100

e. SIGNATURE

17. REQUIRED DISTRIBUTION

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. CONTRACTOR |
| <input type="checkbox"/> | b. SUBCONTRACTOR |
| <input checked="" type="checkbox"/> | c. COGNIZANT SECURITY OFFICE FOR PRIME AND SUBCONTRACTOR |
| <input type="checkbox"/> | d. U.S. ACTIVITY RESPONSIBLE FOR OVERSEAS SECURITY ADMINISTRATION |
| <input checked="" type="checkbox"/> | e. ADMINISTRATION CONTRACTING OFFICER |
| <input type="checkbox"/> | f. OTHERS AS NECESSARY |